

Docket # 02-60
Federal Communications Commission - FCC 07-198
Rural Health Care Pilot Program – Universal Service Administrative Company
Quarterly Data Report – July 29, 2008

HCP 17228 Kansas University Medical Center / Kan-ed

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

Project Coordinator – HCP 17228 Kansas University Medical Center / Kan-ed
Bradley S. Williams, CIO – Kansas Board of Regents, Kan-ed Executive Director

Associate Project Coordinator – HCP 17228 Kansas University Medical Center / Kan-ed
Randy Stout, R&D Coordinator – Kan-ed, Kansas Board of Regents

- Jerry Huff, J.D., Director of Operations – Kan-ed, Kansas Board of Regents
- Charmine Chambers, Network Access Manager – Kan-ed, Kansas Board of Regents
- Don Deitrich, Consultant, - Deitrich Lockhard & Associates,
- Randall White, Consultant – Calence, LLC.

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

Randy Stout, Coordinator
Research & Development
Kansas Board of Regents / Kan-ed
1000 SW Jackson St., Suite #520
Topeka, Kansas 66612-1368
tel.785.296-7033
fax.785.296.7052
rstout@ksbor.org
<http://www.kansasregents.org>
<http://www.kan-ed.org>

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Kansas Board of Regents / Kan-ed
1000 SW Jackson St., Suite #520
Topeka, Kansas 66612-1368

d. Explain how project is being coordinated throughout the state or region.

Kansas Board of Regents / Kan-ed serves as the lead and performing agent for the selected project. The state of Kansas is working toward greater consolidation of state network infrastructures in order to enhance reliability, security, and efficiency among the information technology (IT) networks in Kansas. A single, comprehensive network infrastructure will encompass all networking environments for state government agencies and Kan-ed agencies and institutions (e.g. hospitals, libraries, schools, higher education).

The new, consolidated network consists of WAN services designed as modules that connect through an advanced virtual private network (AVPN) with at least a minimum of a T-1 circuit for local connections to constituent facilities. Local access to the AVPN for the state's health care providers participating in Rural Health Care programs are proposed as Layer 3 solutions for last mile circuits connecting endpoints at HCP's with the private MPLS enabled network core at peered access points. All Kansas hospitals that participate in Kan-ed's e-Health Network will provide a letter of agency (LOA) for the FCC Pilot project. An implementation team for the FCC RHCPP is integrated in the new network's project implementation plan (see attachment 1-A).

2. Identify all health care facilities included in the network.

a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.

(see attachment 1-B)

b. For each participating institution, indicate whether it is:

- i. Public or non-public;
- ii. Not-for-profit or for-profit;
- iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

Currently in process of completing data collection for all institutions electing to participate in the RHCPP #053. More detail will be forthcoming in subsequent quarterly reports.

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results of its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

- a. Brief description of the backbone network of the dedicated health care network, *e.g.*, MPLS network, carrier-provided VPN, a SONET ring;
- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
- e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

A new network infrastructure (AVPN) is currently being proposed. The AVPN incorporates operations with the network backbone serving state government and State of Kansas agencies. In this new network infrastructure, the Kan-ed network will provide increased bandwidth, reduced backbone expense and robust features through comprehensive MPLS enabled, Layer 3 solutions for connectivity. The availability of this solution is scheduled to begin in January of 2009. The standards based architecture ensures that open systems and any-to-any connectivity are available to the network's hospital members. The new network specifications will support traffic prioritization and enable video and data and other optional Internet applications over a single connection. Kan-ed contracts for it's network operations center (NOC) located in Lawrence, Kansas. The Research and Education Network in Kansas, KanREN, Inc¹, manages and monitors operation of the Kan-ed network and facilitates the interconnection between the Kan-ed network and Internet2, a national backbone for advanced networking resources. Kan-ed works closely with the Kansas Hospital Association, the Kansas University Medical Center and numerous Regional Hospitals to develop health care applications and appropriate measures to support and/or expand the secure, reliable, high speed connectivity platform for telemedicine and distance education for the health care providers in the network.

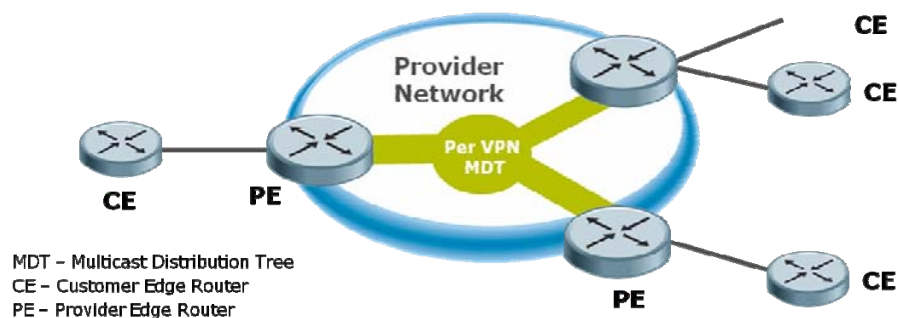
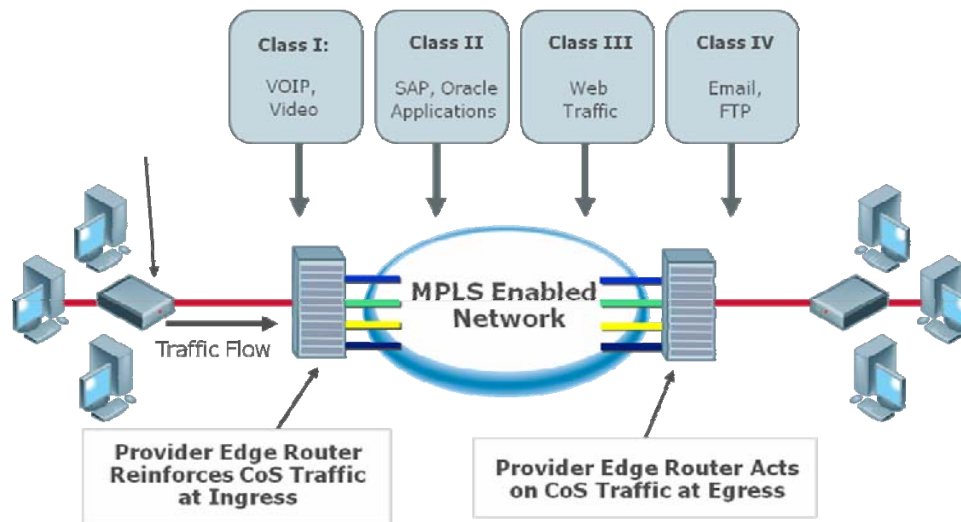
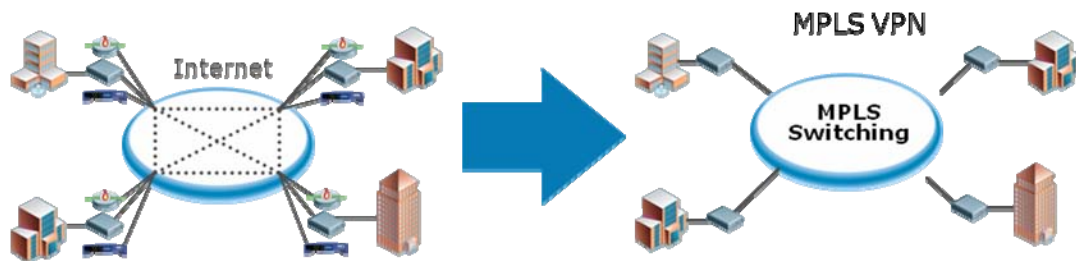
4. List of Connected Health Care Providers: Provide information below for all eligible and noneligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

Currently in process of completing data collection for all institutions electing to participate in the RHCPP #053. More detail with respect to Item 4.a through 4.g will be forthcoming in subsequent quarterly reports.

- a. Health care provider site;
- b. Eligible provider (Yes/No);
- c. Type of network connection (*e.g.*, fiber, copper, wireless);

¹ For more information about KanREN see <http://www.kanren.net/>

- d. How connection is provided (*e.g.*, carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (*e.g.*, DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
- f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
- g. Site Equipment (*e.g.*, router, switch, SONET ADM, WDM), including manufacturer name and model number.
- h. Provide a logical diagram or map of the network.



5. Identify the following non-recurring and recurring costs², where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

No costs, non-recurring or recurring, have been either budgeted or incurred during the applicable quarter. More detail will be forthcoming in subsequent quarterly reports.

- a. Network Design:
- b. Network Equipment, including engineering and installation:
- c. Infrastructure Deployment/Outside Plant
 - i. Engineering
 - ii. Construction
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- g. Other Non-Recurring and Recurring Costs

6. Describe how costs have been apportioned and the sources of the funds to pay them:

No project funding has been committed or expended to date.

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
- b. Describe the source of funds from:
 - i. Eligible Pilot Program network participants
 - ii. Ineligible Pilot Program network participants
- c. Show contributions from all other sources (*e.g.*, local, state, and federal sources, and other grants).
 - i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
 - ii. Identify the respective amounts and remaining time for such assistance.

² Non-recurring costs are flat charges incurred only once when acquiring a particular service or facility. Recurring costs are costs that recur, typically on a monthly basis, because they vary with respect to usage or length of service contract.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

Both technical and non-technical requirements and procedures necessary for ineligible entities to connect to the proposed e-Health network are yet to be determined.

8. Provide an update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

An implementation team for the FCC RHCPP is integrated in the new network's project implementation plan (see attachment 1-A).

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network *and operational*. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

More detail will be forthcoming in subsequent quarterly reports.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

RHCPP #053 has been developed with the expectation that the resources to support sustainability will be allocated as a mix of local, state, and federal program funding. The network also benefits from an historically strong alliance with partners in the telecommunications Industry. Funds supporting the costs of operation for a statewide backbone network to which eligible HCP's may connect for telehealth and telemedicine have been committed by the Kansas Board of Regents Kan-ed network secured through budget recommendations by the Office of the Governor of Kansas and through the legislative appropriation process. Local HCP's connecting to the Kan-ed network for these purposes have also made significant budget commitments to support the costs of establishing and maintaining a connection to the State's backbone network. Applications to federal funding programs for resources to support the development and implementation of telehealth and telemedicine network projects especially well suited for the Kansas e-Health environment have contributed to the system's overall readiness for the proposed Layer 3 connectivity solution and the capacity to scale up both successful proven practices as well as promising innovative approaches that employ emerging technologies. Without the resources available from the Rural Health Care Pilot Program, the ability to reach all eligible HCP's in the state with a next generation connectivity solution and interconnect multiple regional health information networks with state and national backbone networks would be more costly and less efficient. While building out and operating with resources combined from this mix of funding partners, Kan-ed has been able to leverage broader participation, expand demand in a new marketplace, and create support for a competitive pricing environment. It is anticipated that sustainability for this network will be derived from this well balanced approach to funding the core infrastructure with

commitment from all stakeholders and the participation of the communities of practice deploying essential e-health applications.

10. Provide detail on how the supported network has advanced telemedicine benefits:

More detail regarding progress with respect to items 10.a through 10.e will be forthcoming in subsequent quarterly reports.

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

More detail regarding progress with respect to items 11.a through 11.f will be forthcoming in subsequent quarterly reports.

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (*e.g.*, pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

More detail regarding progress with respect to item 12 will be forthcoming in subsequent quarterly reports.

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Attachment 1-A

Kan-ed 2.0 Network Steering Committee

Brad Williams, Kan-ed, Chair
Cort Buffington, KanREN
Scott Shoemaker, Calence
Jerry Huff, Kan-ed

Network Operations Team Manager

Jerry Huff, Kan-ed

Technical Implementation Team

Charmine Chambers, Kan-ed, Team Leader & Chair
Randall White, Calence
Brad Fleming, KanREN
Cort Buffington, KanREN
Gary Huang, Calence
Josh Palmer, AT&T
Debbie Edwards, AT&T
Tim Haug, AT&T

Project Management Team

Charmine Chambers, Kan-ed, Team Leader & Chair
Randall White, Calence
Cort Buffington, KanREN
Josh Palmer, AT&T
Debbie Edwards, AT&T
Gloria Johnson, AT&T
Tim Haug, AT&T

FCC Hospital Grant Team

Randy Stout, Kan-ed, Team Leader & Chair
Charmine Chambers, Kan-ed
Randall White, Calence
Gary Huang, Calence
Cort Buffington, KanREN

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Attachment 1-B

	Organization Name:	Address	City	Zip	County	RUCA 2	Census Tract
1	Anderson County Hospital (SLH of Garnett, Inc)	421 S Maple, PO Box 309	Garnett	66032	Anderson	7.00	9536.00
2	Anthony Medical Center	1101 East Spring Street	Anthony	67003	Harper	10.00	9918.00
3	Ashland Health Center	P.O. Box 188, 709 Oak	Ashland	67831	Clark	10.50	9671.00
4	Cheyenne County Hospital	210 W First Street	Saint Francis	67756	Cheyenne	10.00	9502.00
5	Citizens Medical Center, Inc.	100 E. College Dr.	Colby	67701	Thomas	7.00	9531.00
6	Clara Barton Hospital	250 West 9th St	Hoisington	67544	Barton	5.00	9713.00
7	Clay County Medical Center	617 Liberty Street	Clay Center	67432	Clay	7.00	9582.00
8	Cloud County Health Center	1100 Highland Drive	Concordia	66901	Cloud	7.00	9773.00
9	Coffey County Hospital	PO Box 189, 801 N 4th St	Burlington	66839-0189	Coffey	7.00	9963.00
10	Coffeyville Regional Medical Center	1400 West 4th Street	Coffeyville	67337	Montgomery	4.00	9511.00
11	Community HealthCare System	120 West 8th Street	Onaga	66521	Pottawatomie	10.50	0004.00
12	Community Memorial Healthcare	708 N 18th St	Marysville	66508	Marshall	7.00	9792.00
13	Decatur Health Systems	810 W Columbia	Oberlin	67749	Decatur	10.00	9512.00
14	Edwards County Hospital	602 W. 8th P.O. Box 99	Kinsley	67547	Edwards	10.00	9697.00
15	Ellinwood District Hospital	605 N. Main	Ellinwood	67526	Ellinwood	10.20	9711.00
16	Ellsworth County Medical Center	1604 Aylward PO Box 87	Ellsworth	67439	Ellsworth	7.00	9867.00
17	Fredonia Regional Hospital	1527 Madison- Box 579	Fredonia	66736-0579	Wilson	8.00	9973.00
18	Geary Community Hospital	1102 Saint Mary's Rd.	Junction City	66441	Geary	4.00	0004.00
19	Goodland Regional Medical Center	220 W. 2nd Street	Goodland	67735	Sherman	7.00	9537.00
20	Gove County Medical Center	520 west 5th st. PO box 129	Quinter	67752	Gove	10.00	9551.00
21	Greeley County Health Services	506 3rd Street P.O. Box 338	Tribune	67879	Greeley	10.00	9581.00
22	Greenwood County Hospital	100 west 16th Street	Eureka	67045	Greenwood	7.00	9957.00
23	Grisell Memorial Hospital	210 S. Vermont Ave	Ransom	67572	Ness	10.00	9561.00
24	Hamilton County Hospital	P.O. Box 948, 700 N Huser St	Syracuse	67878-0948	Hamilton	10.00	9586.00
25	Harper Hospital District #5	1204 Maple	Harper	67058	Harper	10.40	9916.00
26	Herington Municipal Hospital	100 East Helen Street	Herington	67449	Dickenson	10.50	9846.00
27	Hillsboro Community Medical Center	701 S Main St	Hillsboro	67063	Marion	7.00	9896.00
28	Hodgeman County Health Center	P.O. Box 310, 809 W Bramley	Jetmore	67854	Lane	10.50	9611.00
29	Horton Community Hospital	240 W. 18th Street	Horton	66439	Brown	10.60	9808.00
30	Hospital District #1 of Rice County	619 S. Clark	Lyons	67554	Rice	7.00	9872.00
31	Hutchinson Hospital	1701 East 23rd Ave.	Hutchinson	67502	Reno	4.00	0001.00
32	Kearny County Hospital	500 Thorpe St	Lakin	67860-0744	Kearny	10.50	9591.00
33	Kiowa County Memorial Hospital	700 W Kansas P.O. Box 616	Greensburg	67054	Kiowa	10.00	9691.00
34	Kiowa District Hospital	810 Drumm	Kiowa	67070	Kiowa	10.00	9682.00
35	Labette Health	1902 South US Hwy 59	Parsons	67357	Labette	4.00	9504.00
36	Lane County Hospital	PO Box 969, 235 W Vine	Dighton	67839	Lane	10.00	9566.00
37	Larned State Hospital	1301 KS Hwy 264	Larned	67550	Pawnee	7.00	9702.00
38	Lindsborg Community Hospital	605 W Lincoln	Lindsborg	67456	McPherson	7.40	9882.00

	Organization Name:	Address	City	Zip	County	RUCA 2	Census Tract
39	Logan County Hospital	211 Cherry Ave.	Oakley	67748	Logan	10.00	9546.00
40	Meade District Hospital	510 East Carthage PO Box 820	Meade	67864	Meade	10.00	9667.00
41	Memorial Health System	511 NE 10th	Abilene	67410	Dickenson	7.00	9844.00
42	Mercy Health System of Kansas, Inc	401 Woodland Hills Blvd	Fort Scott	66701	Bourbon	7.00	9558.00
43	Mercy Hospital	800 West Myrtle	Independence	67301	Montgomery	4.00	9505.00
44	Mercy Regional Health Center	1823 College Ave.	Manhattan	66502	Riley	4.00	0003.02
45	Minneola District Hospital	P.O. Box 127, 212 Main St.	Minneola	67865	Clark	10.50	9617.00
46	Mitchell County Hospital Health Systems	400 West 8th Street	Beloit	67420	Mitchell	7.00	9766.00
47	Morris county hospital	600 N Washington	Council Grove	66846	Morris	10.00	9837.00
48	Mt. Carmel Regional Medical Center	1102 E. Centennial	Pittsburg	66762	Crawford	4.00	9576.00
49	Nemaha Valley Community Hospital	1600 Community Drive	Seneca	66538	Nemaha	10.00	9802.00
50	Ness County Hospital	312 Custer	Ness City	67560	Ness	10.00	9562.00
51	Ninnescah Valley Health Systems	750 West Avenue D	Kingman	67068	Kingman	7.30	9912.00
52	Norton County Hospital	P.O. BOX 250, 102 E Holme St	Norton	67654	Norton	7.00	9517.00
53	Ottawa County Health Center	215 East 8th Street	Minneapolis	67467	Ottawa	10.50	9857.00
54	Phillips County Health Systems	1150 State Street	Phillipsburg	67661	Phillips	7.00	9753.00
55	Pratt Regional Medical Center	200 Commodore St	Pratt	67124	Pratt	7.00	9688.00
56	Rawlins County Health Center	707 Grant Street	Atwood	67730	Rawlins	10.00	9506.00
57	Republic County Hospital	2420 G Street	Belleville	66935	Republic	10.00	9783.00
58	Rooks County Health Center	PO Box 389, 304 S Colorado	Plainville	67663	Rooks	10.50	9747.00
59	Rural Health Resources of Jackson County, Inc	1110 Columbine Dr	Holton	66436	Jackson	7.30	9827.00
60	Rush County Memorial Hospital	801 Locust	La Crosse	67548	Rush	10.50	9722.00
61	Russell Regional Hospital	200 South Main St.	Russell	67665	Russell	7.00	9738.00
62	Sabetha Community Hospital	501 South 14th Street	Sabetha	66534	Nemaha	10.00	9801.00
63	Salina Regional Health Center	400 South Santa Fe Ave`	Salina	67401	Saline	4.00	0001.00
64	Scott County Hospital	310 E Third Street	Scott City	67871	Scott	7.00	9571.00
65	Smith County Memorial Hospital	614 South Main	Smith Center	66967	Smith	10.00	9758.00
66	South Central Kansas Regional Medical Center	216 West Birch Avenue	Arkansas City	67005	Cowley	4.00	9938.00
67	Stafford District Hospital	502 S. Buckeye, P O Box 190	Stafford	67578	Stafford	10.00	9706.00
68	Stanton County Hospital	PO Box 779, 404 N Chestnut St	Johnson	67855	Stanton	10.00	9641.00
69	Stormont-Vail HealthCare	1500 SW 10th Ave	Topeka	66604	Sumner	1.00	0021.00
70	Sumner County Hospital District # 1	601 S Osage	Caldwell	67022	Sumner	10.60	9923.00
71	Sumner Regional Medical Center	1323 North A Street	Wellington	67152	Sumner	7.30	9925.00
72	Trego County Lemke Memorial Hospital	320 N. 13th Street	WaKeeney	67672	Trego	10.00	9558.00
73	Wilson Medical Center	205 Mill Street P.O. Box 360	Neodesha	66757	Wilson	7.40	9974.00